



**DELAWARE HEALTH AND SOCIAL SERVICES
DIVISION OF PUBLIC HEALTH**

APPLICANT/FOOD EMPLOYEE INTERVIEW

The purpose of this form is to ensure that Applicants to whom a conditional offer of employment has been made and Food Employees advise the Person in Charge of current and past conditions described so that appropriate steps may be taken to preclude the transmission of foodborne illness.

Applicant/Food Employee Name: (print) _____

Address: _____

Telephone: Daytime (____)____-____ Evening (____)____-____

TODAY: Are you now suffering from any of the following: (Circle response)

1. Symptoms

Diarrhea?	YES/NO
Fever?	YES/NO
Vomiting?	YES/NO
Jaundice?	YES/NO
Sore throat with fever?	YES/NO

2. Lesions containing pus on the hand, wrist or exposed body part? (e.g. boils, infected wounds)	YES/NO
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PAST: Have you ever been diagnosed as being ill with any of the following: (Circle response)

1. Typhoid fever (<i>Salmonella</i> Typhi)	YES/NO
2. Shigellosis (<i>Shigella</i> spp.)	YES/NO
3. <i>E. coli</i> O157:H7 infection	YES/NO
4. Hepatitis A (hepatitis A virus)?	YES/NO

If you have, what was the date of the diagnosis? _____

HIGH-RISK CONDITIONS:

(Circle response)

1. Have you been exposed to or suspected of causing a confirmed outbreak of typhoid fever, shigellosis, <i>E. coli</i> O157:H7 infection, or hepatitis A?	YES/NO
2. Do you live in the same household as a person diagnosed with typhoid fever, shigellosis, hepatitis A, or illness due to <i>E. coli</i> O157:H7?	YES/NO
3. Do you have a household member attending or working where there is a confirmed outbreak of typhoid fever, shigellosis, <i>E. coli</i> O157:H7 or hepatitis A?	YES/NO

Your Physician's Name: _____

Address: _____

Telephone:(____)-____-____

Applicant/Food Employee _____	____/____/____
(Signature)	(Date – MM/DD/YYYY)

Permit Holder's Representative _____	____/____/____
(Signature)	(Date – MM/DD/YYYY)